

# AUTO CR - LOG SUMMARY #1052895

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim	[REDACTED]					F	BLK	[REDACTED]	

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
	[REDACTED]	0332	003	330 - OTHER	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee Accused	UNKNOWN,					ON Duty	The complainant alleged that the accused officer failed to provide her with a police report regarding injury to her child.

## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Victim/Subject	[REDACTED]					M	BLK	[REDACTED]	

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

## Incident Details

CR Required?		Manner Incident Received?	INTERNET
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:		Civil Suit Settled Date:	
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
10U - GROUP 10 - OPERATION/PERSONNEL VIOLATIONS (ON DUTY) INADEQUATE / FAILURE TO PROVIDE SERVICE	Y	Y

## Investigator History

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
RICHARDS, MARK	Primary	DISTRICT/UNIT	12-APR-2012	12-MAY-2012		2652

## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments

## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding

## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSE HOLD	04-DEC-2018 05:03	COSTELLO, ROBERT	SERGEANT OF POLICE	121 /	closed in CRIMS June 2012
PENDING INVESTIGATION	12-APR-2012 12:02	KELLY, BERNETTE	SR DATA ENTRY OPR	121 /	
PENDING ASSIGN INVESTIGATOR	28-MAR-2012 03:48	CLARK, SUSAN	LIEUTENANT OF POLICE	121 /	
PENDING APPROVE TEAM	28-MAR-2012 08:55	WATSON, JOHN	POLICE OFFICER	121 /	
PENDING ASSIGN TEAM	27-MAR-2012 06:18	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	27-MAR-2012 06:18	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	27-MAR-2012 06:08	DEAN, BRUCE	SUPERVISING INV COPA	113 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					DEAN, BRUCE	27-MAR-2012 06:08			
	DOCUMENTS - INTAKE INCIDENT		5	OPS-9173	N	DEAN, BRUCE	27-MAR-2012 06:17	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks

## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks

## Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments

## Accused Penalty History

## Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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## Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 27-MAR-2012) - LOG #1052895

TYPE: INFO

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim	[REDACTED]					F	BLK	[REDACTED]	

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
	[REDACTED]	0332	003	330 - OTHER	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee Accused	UNKNOWN,					ON Duty	The complainant alleged that the accused officer failed to provide her with a police report regarding injury to her child.

## Incident Details

CR Required?		Manner Incident Received?	INTERNET
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
10U - GROUP 10 - OPERATION/PERSONNEL VIOLATIONS (ON DUTY) INADEQUATE / FAILURE TO PROVIDE SERVICE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IAD	DISTRICT/UNIT	RICHARDS, MARK (PRIMARY INV)	12-APR-2012 12:02	KELLY, BERNETTE	
IAD	DISTRICT/UNIT	-	28-MAR-2012 08:55	WATSON, JOHN	
IAD	INTERNAL AFFAIRS DIVISION	-	27-MAR-2012 18:08	DEAN, BRUCE	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSE HOLD	04-DEC-2018 05:03	COSTELLO, ROBERT	SERGEANT OF POLICE	121 /	closed in CRIMS June 2012
PENDING INVESTIGATION	12-APR-2012 12:02	KELLY, BERNETTE	SR DATA ENTRY OPR	121 /	
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	27-MAR-2012 06:08	DEAN, BRUCE	SUPERVISING INV COPA	113 /	



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WEB Complaint

## Complaint Information

Processing Status NEW COMPLAINT

Comment

0 of 2000

COMPLAINT OPS-9173



## YOUR PERSONAL INFORMATION

Complaint ID :

Name : [REDACTED]

Race : BLACK

Address : [REDACTED]

Sex : FEMALE

Age : 34

## Your contact information

Best time to contact : 08:00 AM

Primary Contact Phone Number :

E-mail Address :

Home Phone Number :

## Your injury information

Were you injured in this incident? NO

Please describe the injury :

Did you need medical attention? NO

Please describe the medical treatment :

Hospital/Medical Center :

## INFORMATION ABOUT THE INCIDENT

(052895)

3/27/2012



I HAVE OBSERVED DURING VISITS WITH MY TWO YEAR OLD DAUGHTER, BRUISES, WOUNDS, WHIPS, AND, SCARS ON HER. M HOME WITH A ABUSIVE FEMALE AND TWO ABUSIVE ADULT MALES BY THE NAME OF [REDACTED] I CONTACTED TI ALSO HAVE MADE EFFORTS TO FILE POLICE REPORTS ON THE ABOVE MATTER AS IT RELATES TO SEXUAL ABUSE AND PHYS ATTEMPTS TO HAVE THE SECOND TEMPORARY FOSTER PERSONS INDICATED AND PROSECUTED FOR CHILD MOLESTATION COLEMAN, GODPARENT AND I OBSERVED BRUISES, SCARS, SCRATCHES, ABRASIONS, AND SCARS AROUND TWO YEAR OLD: STATED THAT I THEY CAN HAVE A RAPE KIT PERFORMED ON MY TWO YEAR OLD DAUGHTER WHICH WILL AFFIRM OR RULE C MOLESTERED BY [REDACTED] AND TWO ADULT MALES WHOM IS LIVING IN THE TEMPORARY FOSTER HOME WITH M TO JUDGE [REDACTED] TO HAVE MY TWO YEAR OLD DAUGHTER, [REDACTED] EXAMINED BY PHYSICIANS TO C WITNESS [REDACTED] AND I OBSERVED MY DAUGHTER WHILE CHANGING HER AT [REDACTED] ON TUESDAY FEBRUARY 14, 201 CONTACT INFORMATION FOR THE SUSPECT [REDACTED] S AND TWO ADULT MALES. [REDACTED] IS ALSO AWARE OF THE CI WHICH PHYSICALLY ABUSED AND SUSPECTS SEXUALLY ABUSED MY TWO YEAR OLD DAUGHTER. I HAVE EVIDENCE AND SIGI DAUGHTER ABJ SERVICES IS LOCATED AT [REDACTED] - OWNER AND [REDACTED]

**Description of the incident :** MOLESTERED BY [REDACTED] AND TWO ADULT MALES WHOM IS LIVING IN THE TEMPORARY FOSTER HOME WITH [REDACTED] TO JUDGE [REDACTED] TO HAVE MY TWO YEAR OLD DAUGHTER, [REDACTED] EXAMINED BY PHYSICIANS TO [REDACTED] WITNESS [REDACTED] AND I OBSERVED MY DAUGHTER WHILE CHANGING HER AT [REDACTED] ON TUESDAY FEBRUARY 14, 201[REDACTED] CONTACT INFORMATION FOR THE SUSPECT [REDACTED] S AND TWO ADULT MALES. [REDACTED] IS ALSO AWARE OF THE CI WHICH PHYSICALLY ABUSED AND SUSPECTS SEXUALLY ABUSED MY TWO YEAR OLD DAUGHTER. I HAVE EVIDENCE AND SIGI DAUGHTER ABJ SERVICES IS LOCATED AT [REDACTED] - OWNER AND [REDACTED]

### **Location of the incident**

Street Number  
Building Name

**Direction : E**

**Incident Date and Time**

Date : 02/14/2012

Time : 11:00 AM

## Evidence

**Video Evidence : NO**

**Audio Evidence : NO**

## **INFORMATION ABOUT THE POLICE OFFICERS**

## **Police officer #1**

Last Name : MCBETH

**Rank :**

**Sex : MALE**

**First Name :**

**Assigned Unit:**

**Race:**

**Officer Description :**

**Police Vehicle Beat Number :**

**Vehicle Description :**

## **INFORMATION ABOUT VICTIMS AND WITNESSES**

## **Victim #1 personal information**

3/27/2012

Last Name : [REDACTED] Race : [REDACTED] Age : 2

## **Victim #1 injury information**

**Was the victim injured in this incident?: YES**

I HAVE OBSERVED DURING VISITS WITH MY TWO YEAR OLD DAUGHTER, BRUISES, WOUNDS, WHIPS, AND SCARS ON HER. M HOME WITH A ABUSIVE FEMALE AND TWO ABUSIVE ADULT MALES BY THE NAME OF [REDACTED] I CONTACTED TI ALSO HAVE MADE EFFORTS TO FILE POLICE REPORTS ON THE ABOVE MATTER AS IT RELATES TO SEXUAL ABUSE AND PHYS ATTEMPTS TO HAVE THE SECOND TEMPORARY FOSTER PERSONS INDICATED AND PROSECUTED FOR CHILD MOLESTATION COLEMAN, GODPARENT AND I OBSERVED BRUISES, SCARS, SCRATCHES, ABRASIONS, AND SCARS AROUND TWO YEAR OLD: STATED THAT I THEY CAN HAVE A RAPE KIT PERFORMED ON MY TWO YEAR OLD DAUGHTER WHICH WILL AFFIRM OR RULE C

**Did the victim need medical attention? YES** **Hospital/Medical Center :** [REDACTED] **KNOWLEDGEABLE WHERE DAUGHTER WAS TAKEN FOR AB  
PHYSICAL ABUSE BRUISES ON LEFT AND RIGHT EAR LOBES BITE MARKS ON TWO YEAR OLDS RIGHT SIDE OF NECK PROOF L**

**Please describe the medical treatment :** STOMACH( PHOTOGRAPHS) CIGARETTE BURNS ON LEFT SIDE OF DAUGHTERS FACE SCRATCHES IN LEFT EAR PURPLE AND R VAGINA.

**Witness #2 personal information**

Last Name : [REDACTED] Race : [REDACTED] Age : 34

#### **Witness #2 injury information**

**Was the witness injured in this NO  
incident?:**

**Please describe the injury :**

Please describe the injury:  
**Did the witness need medical attention?** NO

**Hospital/Medical Center :**

Please describe the medical treatment:

#### **Witness #3 personal information**

Last Name : [REDACTED] Race : WHITE Age : [REDACTED]

#### **Witness #3 injury information**

**Was the witness injured in this incident? NO**

Please describe the injury:

Please describe the injury:  
Did the witness need medical attention?: NO

**Hospital/Medical Center :**

Please describe the medical treatment:

3/27/2012

**Witness #4 personal information**

Last Name :

Race :

Age : 64

**Witness #4 injury information**Was the witness injured in this  
incident?: NO

Please describe the injury :

Did the witness need medical  
attention?: NO

Hospital/Medical Center :

Please describe the medical treatment:

[REDACTED] 3/27/2012

I HAVE OBSERVED DURING VISITS WITH MY TWO YEAR OLD DAUGHTER, BRUISES, WOUNDS, WHIPS, AND, SCARS ON HER. MY TWO YEAR OLD DAUGHTER IS CURRENTLY PLACEED IN TEMPORARY FOSTER HOME WITH A ABUSIVE FEMALE AND TWO ABUSIVE ADULT MALES BY THE NAME OF [REDACTED] I CONTACTED THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES ON THESE ISSUES AND ALSO HAVE MADE EFFORTS TO FILE POLICE REPORTS ON THE ABOVE MATTER AS IT RELATES TO SEXUAL ABUSE AND PHYSICAL ABUSE TO MY TWO YEAR OLD DAUGHTER, [REDACTED] I HAVE MADE ATTEMPTS TO HAVE THE SECOND TEMPORARY FOSTER PERSONS INDICATED AND PROSECUTED FOR CHILD MOLESTATION BECAUSE SHE IS BELEIVED TO HAVE DONE SO BECUASE WITNESS [REDACTED] GODPARENT AND I OBSERVED BRUISES, SCARS, SCRATCHES, ABRASIONS, AND SCARS AROUND TWO YEAR OLDS VAGINAL AREA. I CONTACTED THE CHICAGO POLICE DEPARTMENT WHICH STATED THAT I THEY CAN HAVE A RAPE KIT PERFORMED ON MY TWO YEAR OLD DAUGHTER WHICH WILL AFFIRM OR RULE OUT THE ASSUMPTION THAT MY TWO YEAR OLD DAUGHTER HAS BEEN SEXUALLY MOLESTERED BY [REDACTED] AND TWO ADULT MALES WHOM IS LIVING IN THE TEMPORARY FOSTER HOME WITH MY TWO YEAR OLD DAUGHTER. I HAVE MADE A WRITTEN REQUEST IN WRITTING TO JUDGE [REDACTED] TO HAVE MY TWO YEAR OLD DAUGHTER, [REDACTED] EXAMINED BY PHYSICIANS TO CHECK FOR VAGINAL PENETRATION IN WHICH WAS FILLED AT [REDACTED] WITNESS [REDACTED] AND I OBSERVED MY DAUGHTER WHILE CHANGING HER AT [REDACTED] ON TUESDAY FEBRUARY 14, 2012. THE FOLLOWING IS THE FOSTER AGENCY WHO HAS THE ADDRESS AND CONTACT INFORMATION FOR THE SUSPECT [REDACTED] AND TWO ADULT MALES [REDACTED] ALSO AWARE OF THE CHILD ABUSE AND HAS PLACED HER IN TWO TEMPORARY FOSTER HOMES IN WHICH PHYSICALLY ABUSED AND SUSPECTS SEXUALLY ABUSED MY TWO YEAR OLD DAUGHTER. I HAVE EVIDENCE AND SIGNED FORMS WHICH WILL PROVE THIS FIRST FOSTER PERSON ABUSED DAUGHTER ABJ SERVICES IS LOCATED AT [REDACTED] OWNER AND [REDACTED] -KNOWLEDGABLE OF [REDACTED]

Did the  
victim [REDACTED] KNOWLEDGEABLE WHERE DAUGHTER  
needYESHospital/Medical Center : WAS TAKEN FOR ABUSE FOR BOTH TEMPORY FOSTER  
medical PERSONS WHICH  
attention?

Please describe the medical treatment : PHYSICAL ABUSE BRUISES ON LEFT AND RIGHT EAR LOBES BITE MARKS ON TWO YEAR OLDS RIGHT SIDE OF NECK PROOF DOCUMENTS AND STATUS HEARING [REDACTED] DEEP SCARS ON STOMACH( PHOTOGRAPHS) CIGARETTE BURNS ON LEFT SIDE OF DAUGTERS FACE SCRATCHES IN LEFT EAR PURPLE AND REDDISH SCAR ON UPPER THIGH AND AROUND TWO YEAR OLD DAUGHTERS VAGINA